

Name

in  
Full

## CERTIFICATE OF DEATH

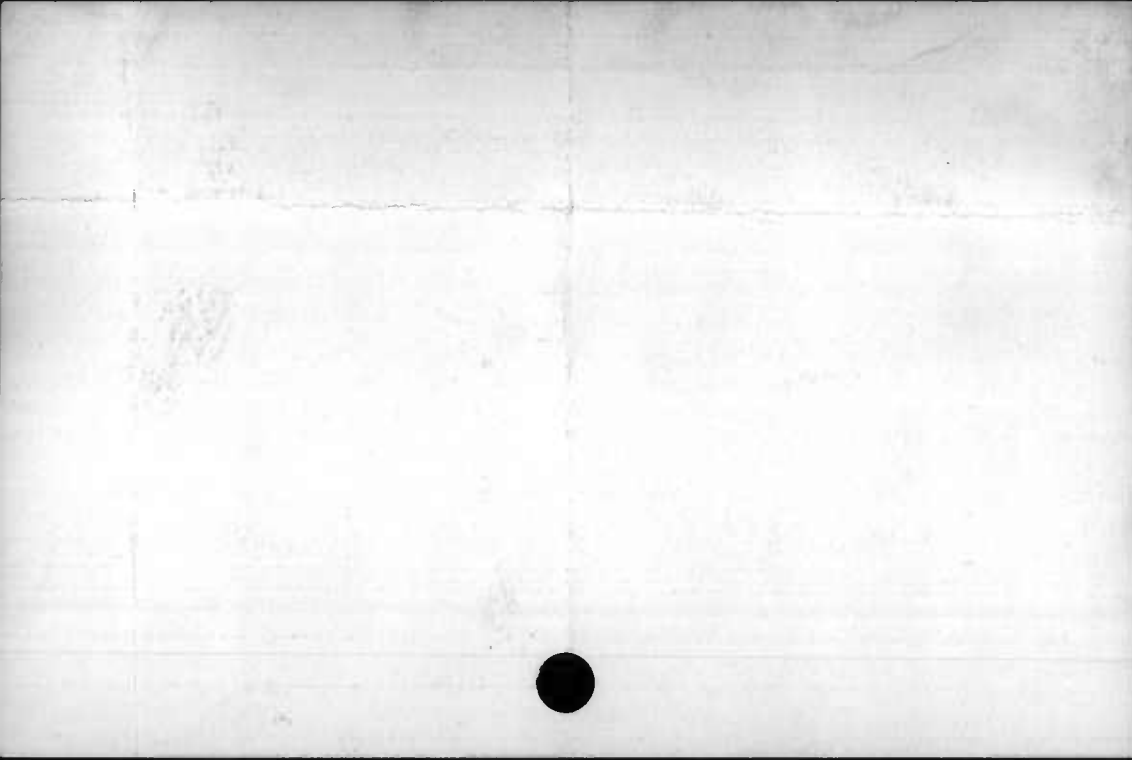
TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Chance* <sup>Town</sup> *Somerset* <sup>County</sup> **MARYLAND**  
 Date of death 190*5* <sup>Month</sup> *March* <sup>Day</sup> *11th* <sup>Age</sup> *77* <sup>Years</sup> *-* <sup>Months</sup> *-* <sup>Days</sup> *-*  
 Sex *male* Color or Race *white* Birth-place *Va.*  
 Married, Single or Widowed *married* Occupation *-*  
 Name of Wife or Husband *Leah Anne Parks*  
 Father's Name *(65)* Father's Birthplace *-*  
 Mother's Maiden Name *(65)* Mother's Birthplace *-*  
 Name of person giving information *Leah Anne Anniger* How related to deceased *wife*

## CAUSES OF DEATH

Primary *Cerebral Softening* How long *16 mos.*  
 Immediate *Asthma* How long *-*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Spencer, M.D.*  
 Address *Sanis Quarter, Somerset Co. Md.*  
 Accident or Suicide? *-*

PHYSICIAN  
OR CORONER



Name  
in  
Full

George Ballard

## CERTIFICATE OF DEATH

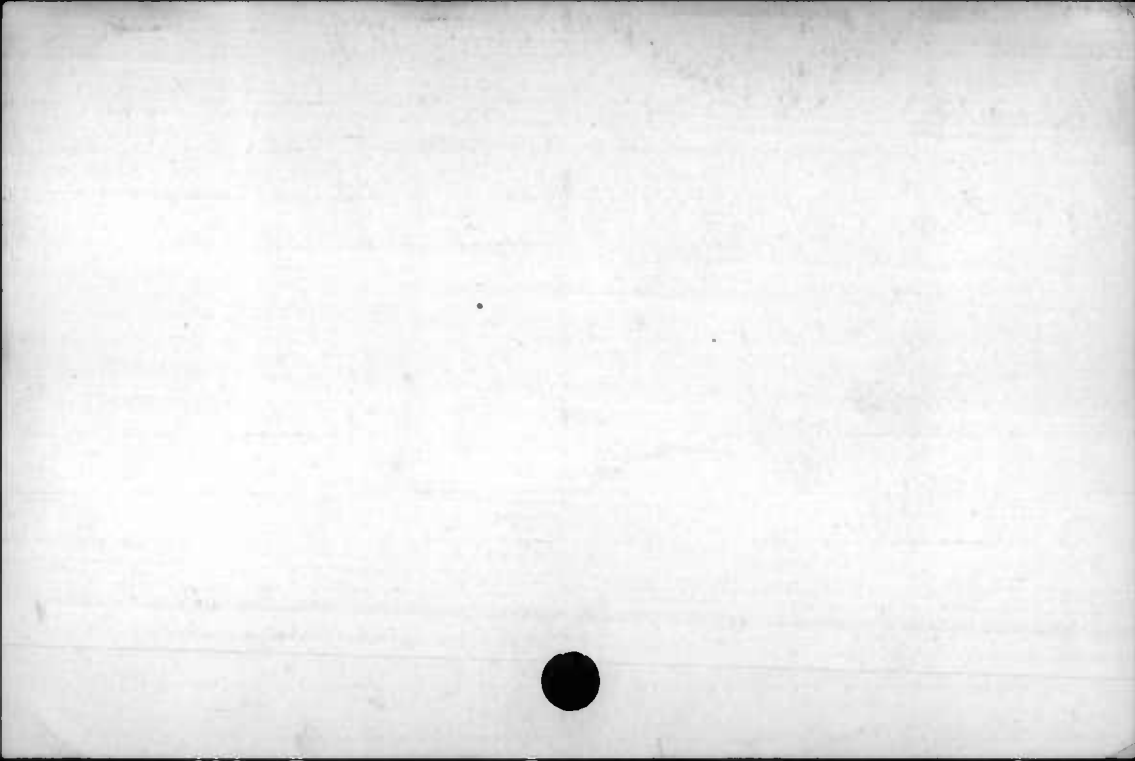
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Princess Anne		County Somerset		MARYLAND	
Date of death	1905	Month March	Day 16	Age	51	Years	Months 7
Sex male		Color or Race black		Birth place Somerset Co			
Occupation Common Labor		Where Residing if not at place of death Princess Anne					
Married, Single or Widowed married		Name of Wife or Husband Beths Ballard					
Father's Name Gerry, H. Ballard		Father's Birthplace Princess Anne					
Mother's Maiden Name Grove Ballard		Mother's Birthplace Princess Anne					
Name of person giving information Henry Hittah		How related to deceased Nephew					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia (double)	How long	8 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address Princess Anne, Md	
Accident or Suicide?			



Name  
in  
Full

Francias H. Bell

## CERTIFICATE OF DEATH

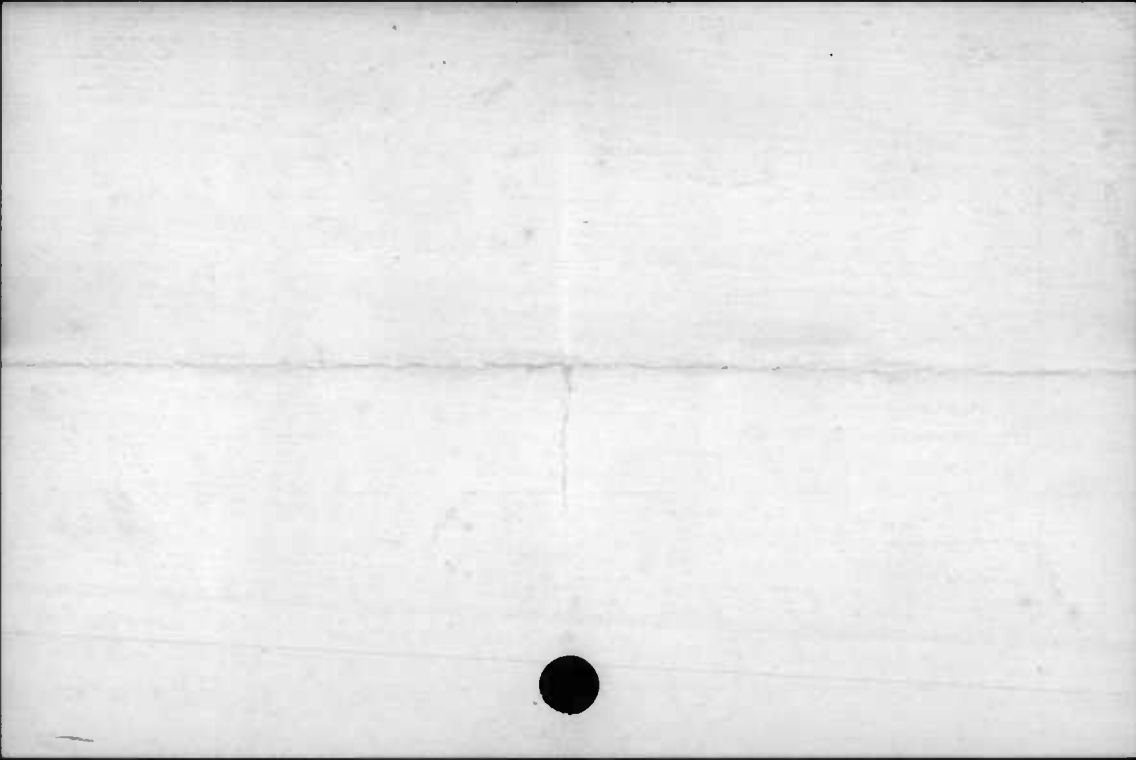
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mannings</i>		Town <i>Sumner</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>3</i>	Day <i>5</i>	Age <i>59</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary E. Bell</i>					
Father's Name <i>Thos. B. Bell</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Lillie Sandling</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>J. S. Handy</i>		How related to deceased <i>No</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>	How long <i>3 yrs</i>
Immediate <i>Paralysis</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. H. Hall</i>
	Address <i>Mannings Co. MD</i>
Accident or Suicide? <i>no</i>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Walter Boston

## CERTIFICATE OF DEATH

Died at *Marynesco* Town *Somerset* County

MARYLAND

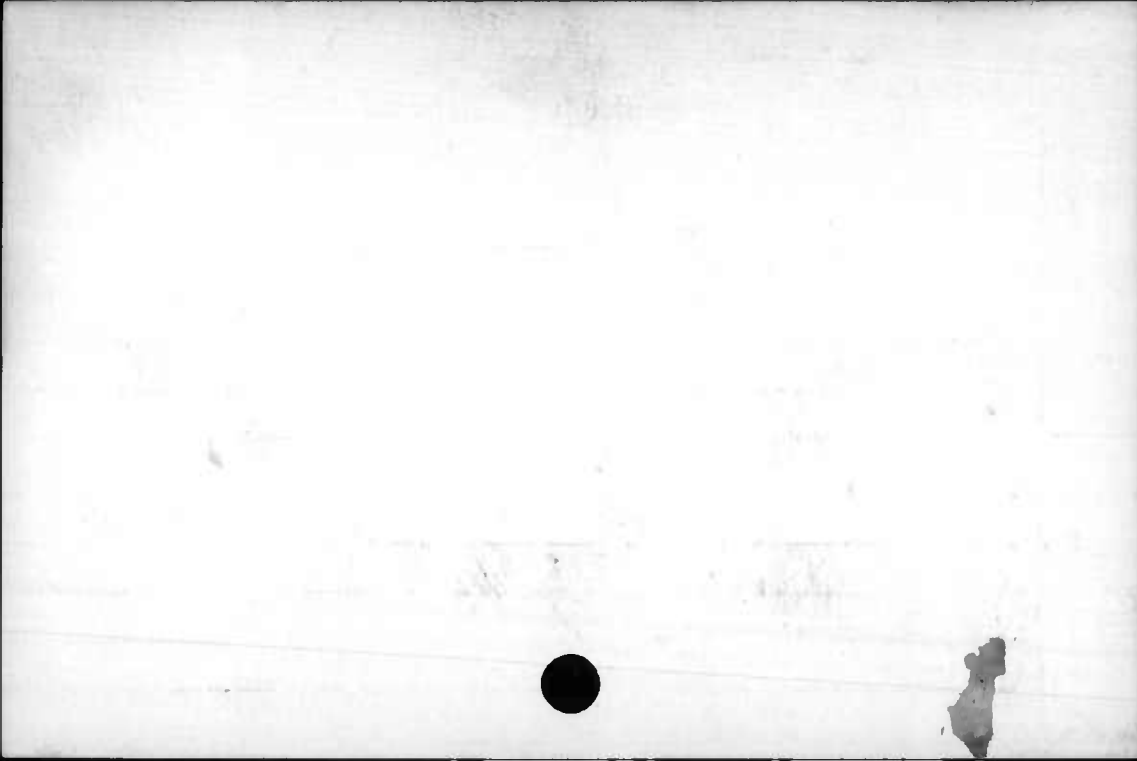
Date of death *1905* Month *March* Day *9* Age *45* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *Marynesco*Occupation *Farmer* Where Residing if not at place of death *NA*Married, Single or Widowed *Married* Name of Wife or Husband *Maggie Dennis*Father's Name *John Boston* Father's Birthplace *Marynesco*Mother's Maiden Name *Don't Know* Mother's BirthplaceName of person giving Information *Christopher Jackson* How related to deceased *None*

## CAUSES OF DEATH

Primary *Consumption* ☒ How long *6 Months*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Christopher Jackson*Address *Marynesco*Accident or Suicide? *nd*





Name  
in  
Full

Margaret Dashiell

## CERTIFICATE OF DEATH

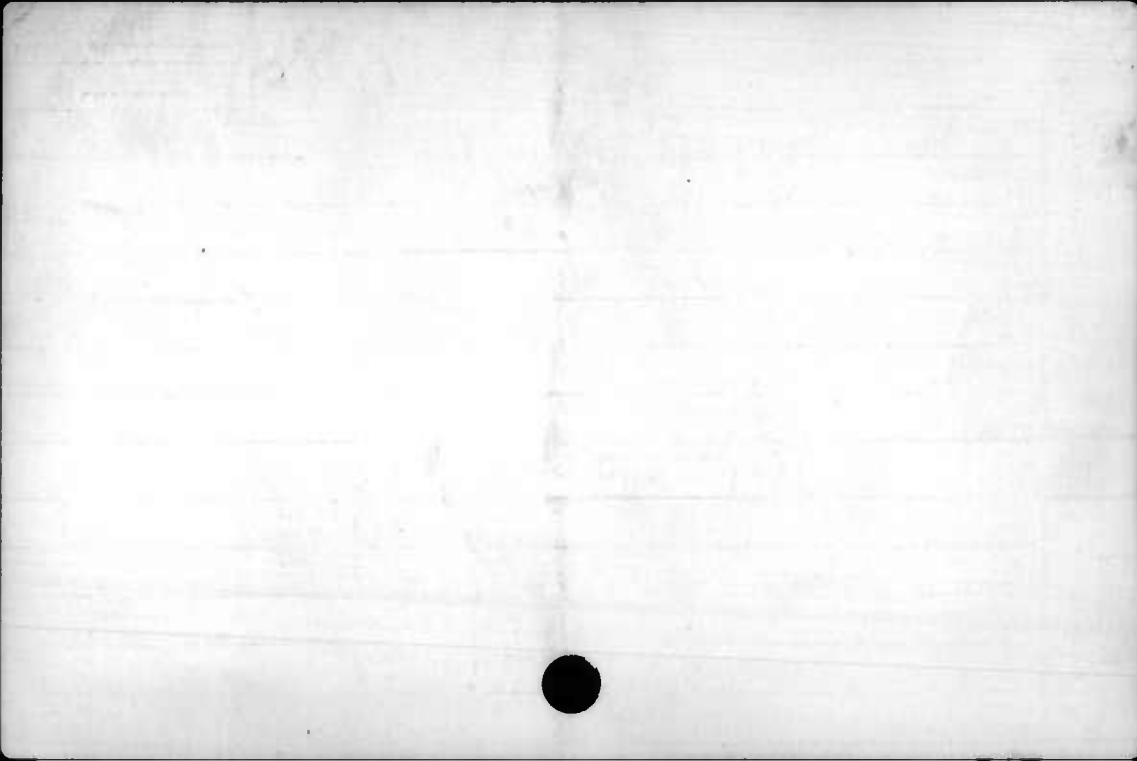
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Vernon</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>31</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mt. Vernon</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph C. Dashiell</i>			Father's Birthplace <i>Mt. Vernon</i>		
Mother's Maiden Name <i>Julia E. Leott</i>			Mother's Birthplace <i>Mt. Vernon</i>		
Name of person giving Information <i>Joseph C. Dashiell</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bilious Dysentery</i>	How long <i>14</i>
Immediate <i>Exhaustion</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Redacted]</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Henry Dennis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Haverhill		Somerset		County		MARYLAND			
Date of death		1905	Month	May	Day	5	Age	72	Years	Months	Days
Sex		Male		Color or Race		Black		Birth-place		Somerset Co.	
Occupation		Sailor		Where Residing if not at place of death		Haverhill					
Married, Single or Widowed		Married		Name of Wife or Husband		Susan Morgan					
Father's Name		Wm Dennis		Father's Birthplace		Somerset Co.					
Mother's Maiden Name		Mary Curtis		Mother's Birthplace		Somerset Co.					
Name of person giving information		Susan Dennis		How related to deceased		Wife					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Rheumatism		How long	5-yr
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
	Accident or Suicide?			Address	

C. E. Collins  
Haverhill  
Mass



Name  
in  
Full

Bessie B. Fields

## CERTIFICATE OF DEATH

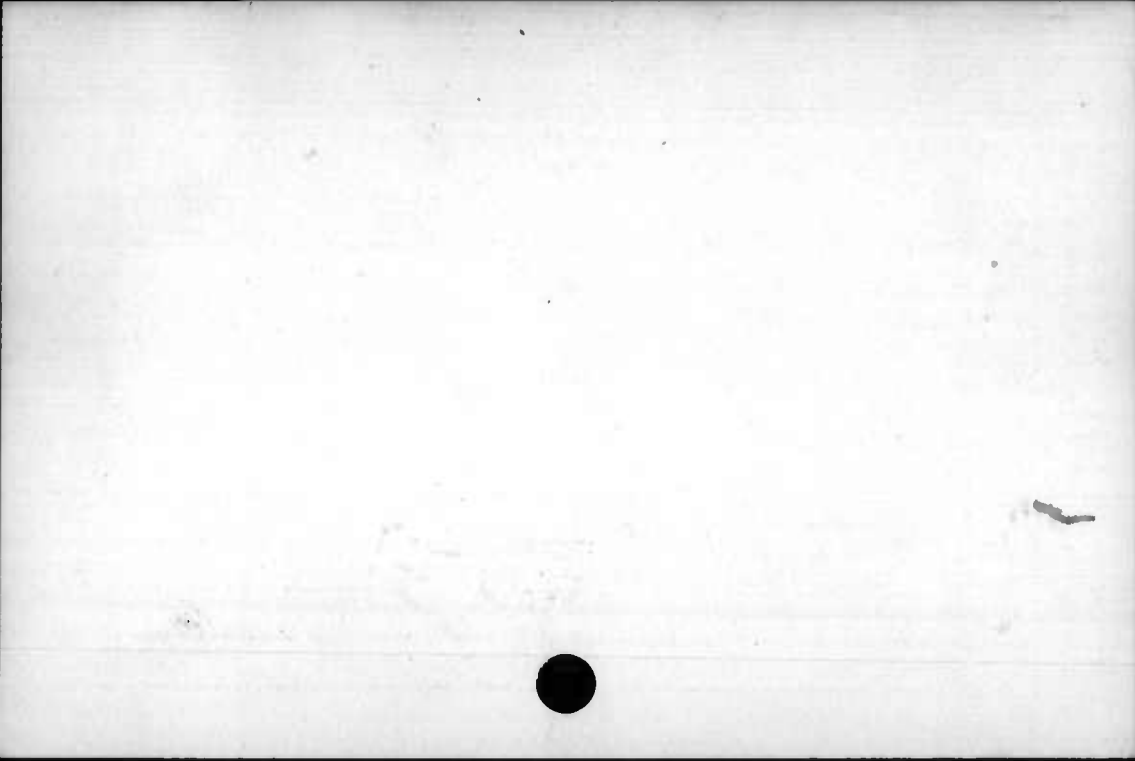
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Danvers Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190	o- <i>Mich</i>	Day <i>19th</i>	Age <i>13-</i>	Months <i>10</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Somerset Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Henry Fields</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Mary P. Walston</i>			Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving information <i>Henry Fields</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 mos.</i>
Immediate <i>Asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Winter, M.D.</i>
	Address <i>Danvers Quarter, Somerset Co., Md.</i>
Accident or Suicide? <i>-</i>	



Name  
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Mimadella Green

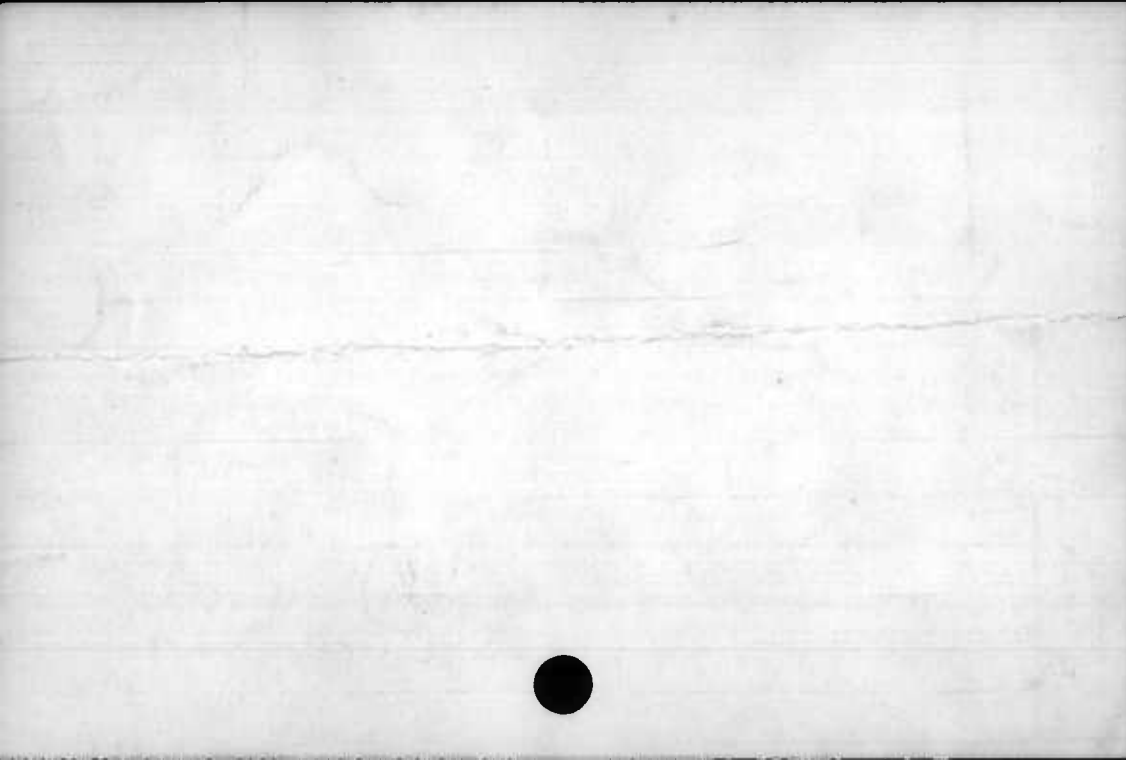
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>King creek</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>29</i>	Years <i>34</i>	Months <i>7</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>St. Vernon</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>King creek</i>			
Married, Single or Widowed <i>maried</i>	Name of Wife or Husband <i>A. H. Green</i>				
Father's Name <i>R. P. Bloodsworth</i>			Father's Birthplace <i>St. Vernon</i>		
Mother's Maiden Name <i>A. M. Marsh</i>			Mother's Birthplace <i>Smiths Island</i>		
Name of person giving Information <i>Annie Dashiell</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Blood Poison</i>	<i>210</i>	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. J. Smith</i>
			Address <i>Princess Anne Md.</i>
Accident or Suicide?			





Name  
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Robert H. Henderson

CERTIFICATE OF DEATH

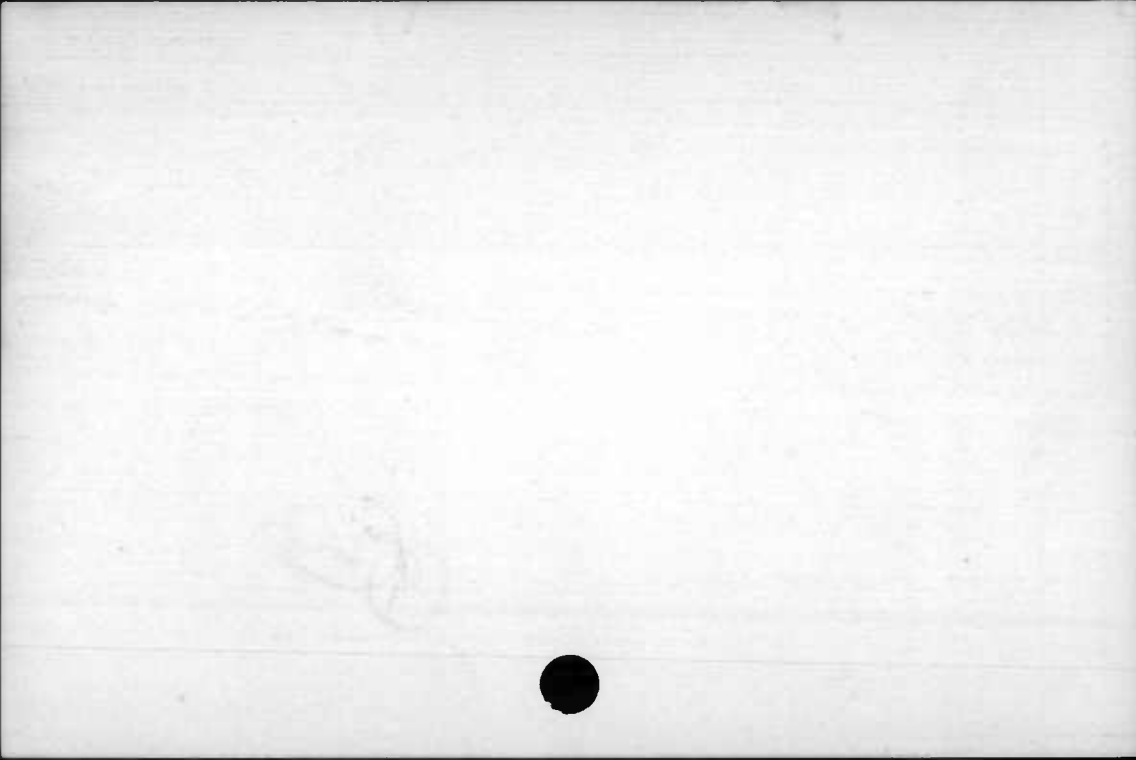
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Perrin</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>3</u>	Day <u>5</u>	Age <u>10</u>	Months <u>3</u>	Days <u>11</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Ind.</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Robert H. Henderson</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Elizabeth F. Smith</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Robert H. Henderson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Infective Dysentery</u>	How long <u>1 week</u>
Immediate <u>Coliform</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Perrin Ind.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Rachel Ella Jarrel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tull's Corner</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>10</i>	Years <i>31</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset Co. Md.</i>		
Occupation <i>General house-work</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Steven Jarrel</i>				
Father's Name <i>George Henry Johnson</i>	Father's Birthplace <i>Somerset Co. Md.</i>		Mother's Birthplace <i>Somerset Co. Md.</i>		
Mother's Maiden Name <i>Hester Ella Kearney</i>	Name of person giving information <i>Joseph S. Jarrel</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 1/2</i> years
Immediate <i>Exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D B B Ewell M.D.</i>
	Address <i>Marion Station Somerset County</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Henrietta A. Jones

## CERTIFICATE OF DEATH

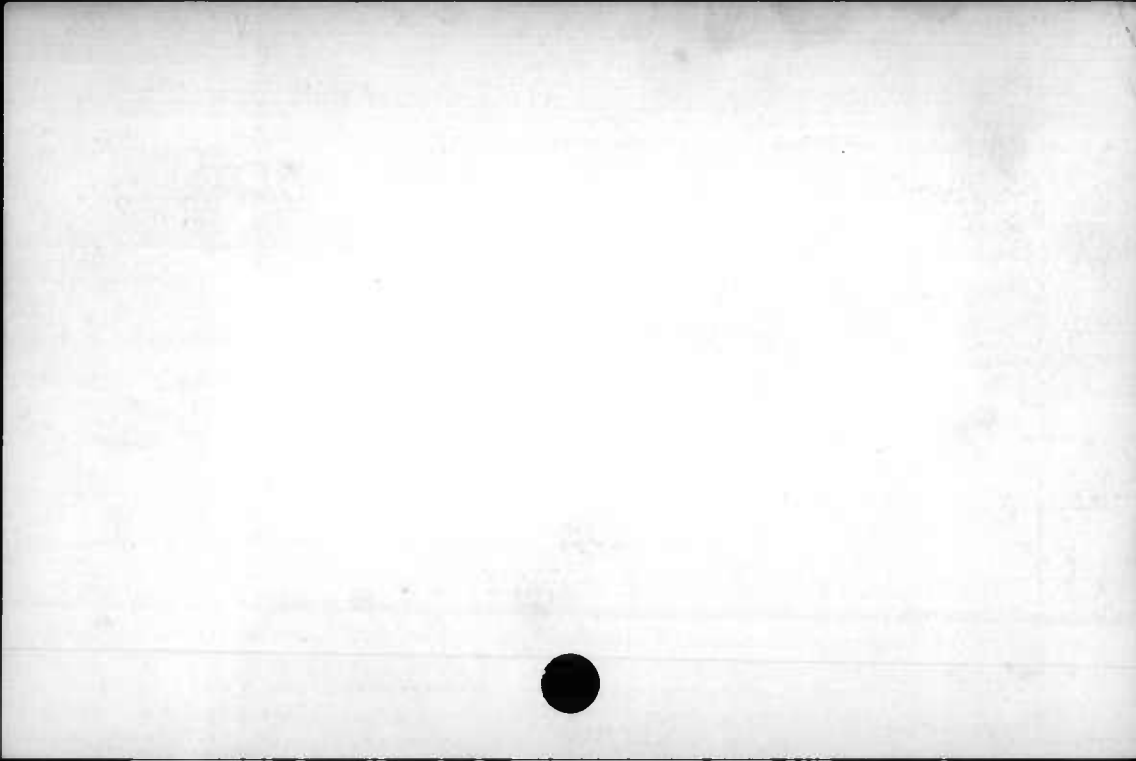
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dunes du Ches</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>8th</i>	Age <i>75</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Somerset Co.</i>					
Married, Single or Widowed <i>Married</i>		Occupation <i></i>					
Name of Wife or Husband <i>Samuel Jones</i>							
Father's Name <i></i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Butler White</i>				How related to deceased <i>Son-in-law</i>			

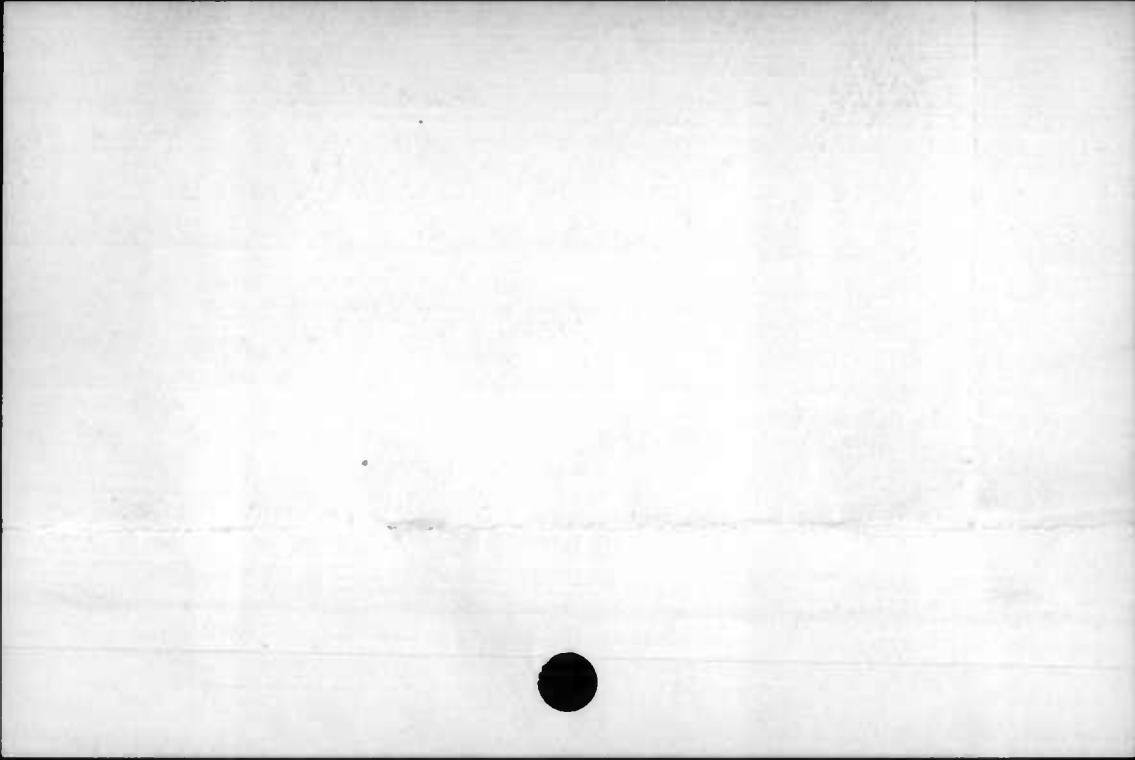
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>1 year</i>
Immediate <i>Asthma</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Windsor, M.D.</i>
	Address <i>Wright's Quarter, Somerset Co., Md.</i>
Accident or Suicide? <i></i>	

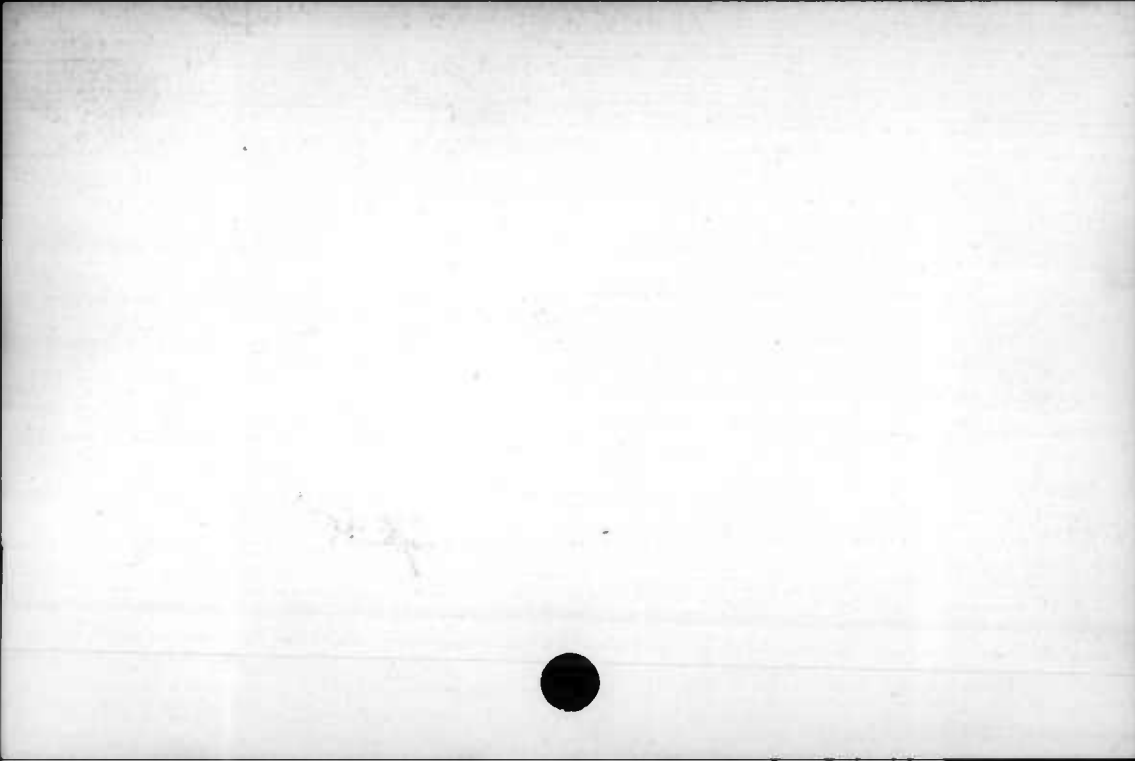


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Chambers</i>		County <i>Somerset</i>	
		Date of death 190 <i>5</i>		Month <i>March</i>	
		Day <i>30th</i>		Age <i>—</i>	
		Sex <i>Male</i>		Color or Race <i>Colored</i>	
		Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
		Name of Wife or Husband <i>—</i>		Birthplace <i>Som. Co.</i>	
		Father's Name <i>Garfield Jones</i>		Fether's Birthplace <i>Som. Co.</i>	
Mother's Maiden Name <i>Ella V. Pinkette</i>		Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Garfield Jones</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Bronch - pneumonia</i>		How long <i>11 days</i>	
		Immediate <i>Asthma</i>		How long <i>9 days</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Windsor, M.D.</i>	
		Address <i>James Quarter, Somerset Co., Md.</i>			
		Accident or Suicide? <i>—</i>			





Name in Full <i>John Maddox</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Griffield</i>		County <i>Somerset</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>3</i>	Day <i>14</i>	Age <i>5</i>	Years <i>2</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Griffield Md</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>E. H. Maddox</i>		Father's Birthplace <i>Griffield Md</i>		
	Mother's Maiden Name <i>Olivia Ward</i>		Mother's Birthplace <i>Griffield Md</i>		
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Marasmus</i>		How long <i>15</i>		<i>minutes</i>
	Immediate <i>—</i>		How long <i>—</i>		<i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Hall</i>		
			Address <i>Griffield Md</i>		
	Accident or Suicide? <i>—</i>				



Name  
in  
Full

## CERTIFICATE OF DEATH

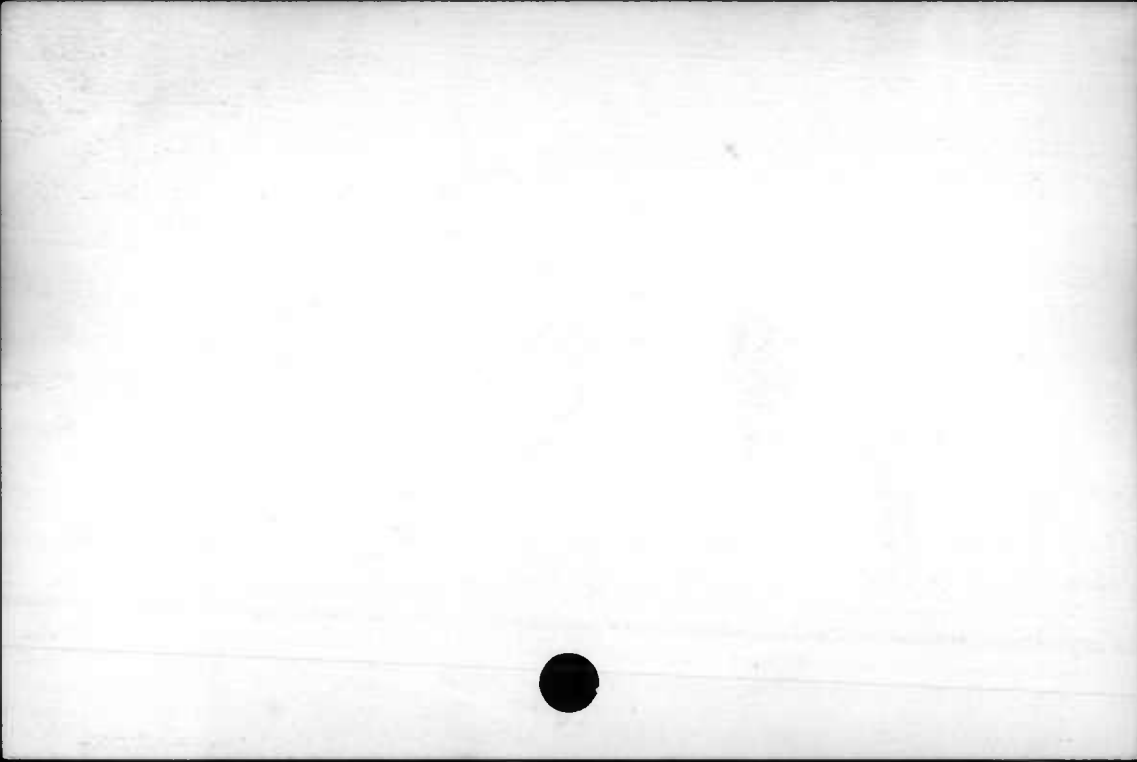
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia Anne Myster</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at <i>Crisfield</i>		Month <i>Mar</i>		Day <i>22</i>		Years <i>68</i>	
Date of death <i>1905</i>		Months <i>Mar</i>		Days <i>22</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Crisfield Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Myster</i>					
Father's Name <i>Thomas Byrd</i>		Father's Birthplace <i>Crisfield</i>					
Mother's Maiden Name <i>Susan Byrd</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Steven W Byrd</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>		How long <i>90 1 2 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W F Hull</i>	
		Address <i>Crisfield Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Burnell Parker

Died at <sup>Town</sup> Crisfield <sup>County</sup> Somerset MARYLAND

Date 1900 <sup>Month</sup> 3 <sup>Day</sup> 3 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 82 1 0 <sup>Native of</sup> Md <sup>Occupation</sup> Farmer

<sup>Male</sup> ~~Female~~ <sup>White</sup> ~~Colored~~ <sup>Married</sup> ~~Single~~ <sup>Widow</sup> ~~Widower~~ <sup>Divorced</sup> Number of children living 2

Husband of Carolina Parker

Wife

Father's Name Don't know

Mother's Name

Cause of Death { Primary Cerebral Congestion

How long sick 3 days

Death { Immediate No medical attention

Accident, Suicide, Homicide

Reported by C. C. Ward

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



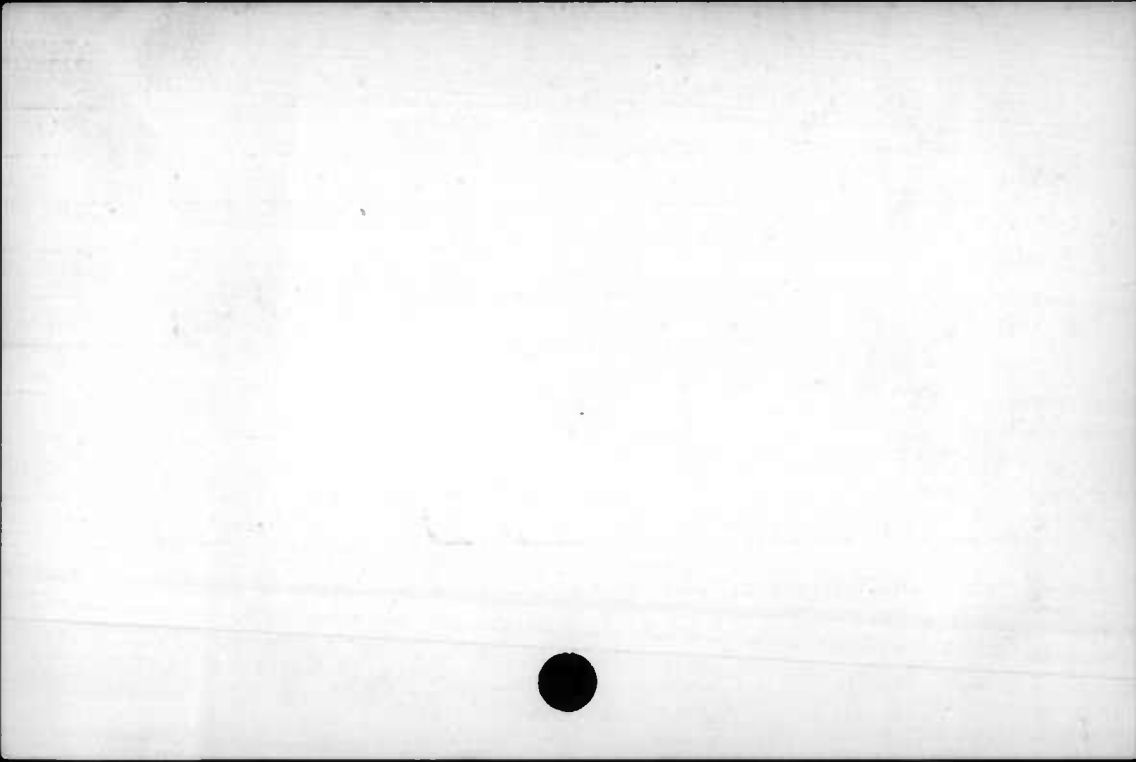
Name in Full		Ada G. Shores						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND			
			Dames Quarter		Somerset					
	Date of death 190	Month	Day	Age	Years	Months	Days			
	15		Mch		1904		7		6 10	
	Sex	Female		Color or Race	White		Birth-place	Somerset Co.		
	Married, Single or Widowed			-			Occupation			
	-									
	Name of Wife or Husband			-						
PHYSICIAN OR CORONER	Father's Name						William Shores		Father's Birthplace	Somerset Co.
	Mother's Maiden Name						Cora Watson		Mother's Birthplace	Somerset Co.
	Name of person giving information						Humphrey Shores		How related to deceased	Uncle
CAUSES OF DETH										
PHYSICIAN OR CORONER	Primary						Broncho-pneumonia		How long	2 weeks
	Immediate						Asthma (92)		How long	-
	Are the name, age, sex, color, date and place correctly given above?						yes		Signature of Physician	
									Address	
	Accident or Suicide?						-		S. J. Windsor, M.D., Dames Quarter, Somerset Co., Md.	





Name in Full		John N. Sterling -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lawsonia		Somerset		MARYLAND
	Date of death	1905	Month	Nov	Day	18	Age 83
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Retired Mechanic & Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Harriett Sterling -		
	Father's Name	Nathan Sterling				Father's Birthplace	Md -
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Aneurism Aorta -	
	Immediate	Asthma - Hypnotica -	
	Are the name, age, sex, color, date and place correctly given above?		Yes
	Signature of Physician		Wm. H. Leoulbourn, M.D.
		Address	
		Crisfield, Md.	
Accident or Suicide?			



Name  
in  
Full

John S Stevens

## CERTIFICATE OF DEATH

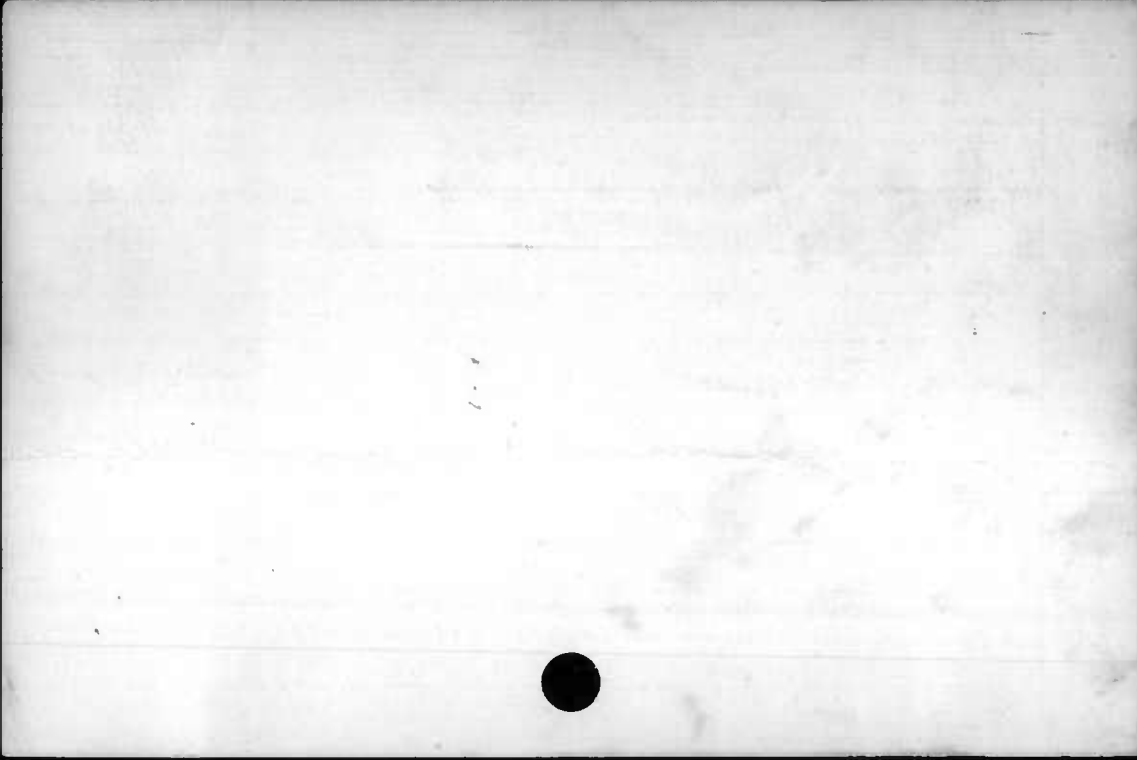
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Pocomoke</i> <sup>County</sup> <i>Somerset Co</i>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>31</i>	Age <i>74</i> <sup>Years</sup>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>at place of death</i>	
Occupation <i>Carpenter &amp; Farmer</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, <del>Single</del> <i>or Widowed</i>	Name of Wife or Husband <i>Amanda Brittingham</i>		
Father's Name <i>John Stevens</i>	Father's Birthplace <i>Somerset Co Md</i>		
Mother's Maiden Name <i>Mrs Polk</i>	Mother's Birthplace <i>Somerset Co Md</i>		
Name of person giving Information <i>Edward Stevens</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>six months</i>
Immediate <i>Exhaustion from diarrhoea</i>	How long <i>six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Isaac T Costen</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 19

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

2

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79223



Name  
in  
Full

Annie Waters

## CERTIFICATE OF DEATH

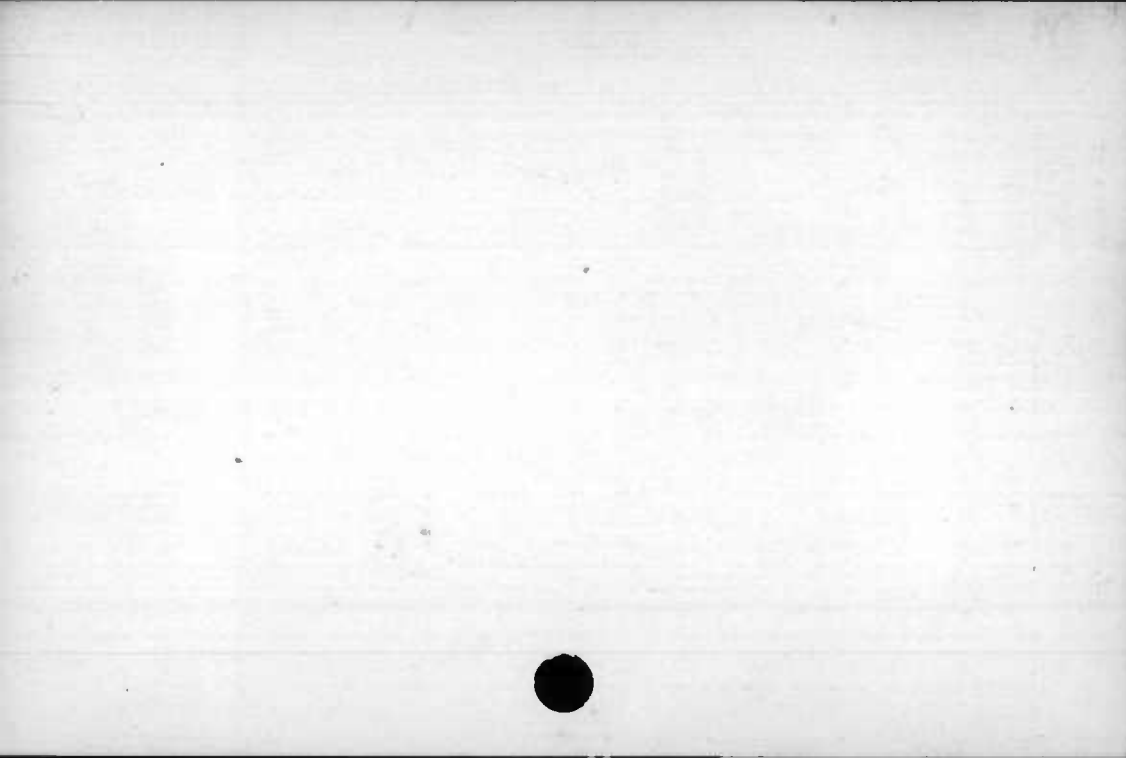
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annie		County Somerset		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		1	27	24			
Sex	Female		Color or Race	White		Birth-place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Fred Waters			
Father's Name		Edna Parks				Father's Birthplace	
Mother's Maiden Name		Miranda Townsend				Mother's Birthplace	
Name of person giving information		Re. To Stough				How related to deceased	
						None	

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	16 mos
Immediate	Exhaustion	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Re To Stough M.D.	
Address		Annie Ind	
Accident or Suicide?		no	

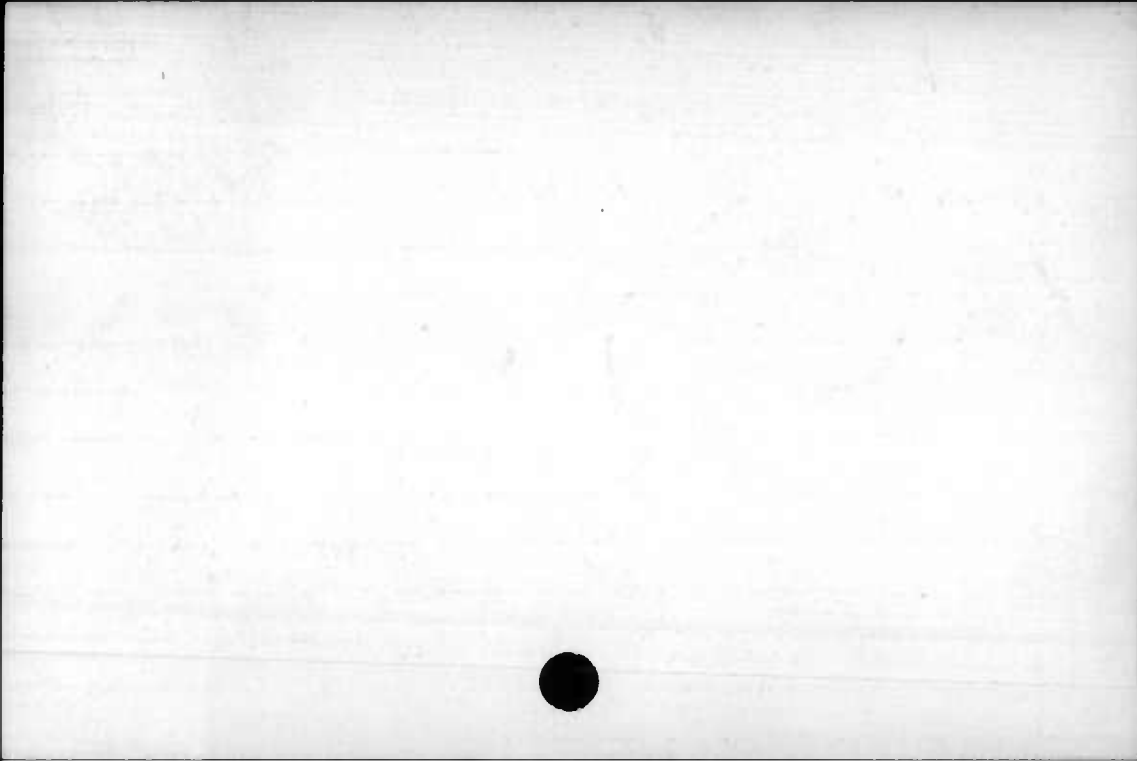
PHYSICIAN  
OR CORONER





Name in Full		Emmel White				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bedworths -		Somerset		MARYLAND	
	Date of death	1905	Month	March	Day	6	Age
					Years	48	Months
							Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer & Waterman		Where Residing If not at place of death			
Married, Single or Widowed	M-		Name of Wife or Husband				
Father's Name	Robert White					Father's Birthplace	va
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Will White					How related to deceased	son

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Pneumonia -	
	Immediate	asthenia	
	Are the name, age, sex, color, date and place correctly given above?	yes	How long 13 days
	Signature of Physician	Wm. H. Boulbourn	
	Address	Brisfield, Md.	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

*Mariam Young*  
*Cresfield* *Smith*

Date

of death 1905

Month

*March*

Day

*10*

Age

Years

Months

*4*

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Cresfield*

Occupation

*Infant*

Where Residing if not  
at place of death

*11*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*Infant*

Father's  
Name

*Phonnes H Young*

Father's  
Birthplace

*Cresfield*

Mother's  
Maiden Name

*Annandale Davis*

Mother's  
Birthplace

*11*

Name of person giving  
In formation

*Annandale Young*

How related  
to deceased

*Mother*

CAUSES OF DEATH

Primary

*Pneumonia*

How long

*3 days*

Immediate

*Acute cystitis*

How long

*12 hours*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*W. E. Collins*

Address

*Cresfield*

Accident or Suicide?

